Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	1	RATE	FEE	
BASIC FEE				·						380.00	OR		760.00	
TOTAL CLAIMS			[			*			X\$ 9=		OR	X\$18=		
	EPENDENT CI		3 minus 3 =			*			X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=		
* If	the difference	in colur	mn 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	760	
٠,	CLAIMS AS AMENDED - PART II								SMALL ENTITY			OTHER THAN SMALL ENTITY		
		(Colui				Column 2) HIGHEST	(Column 3)		SWALL		OR	SMALL		
ENT A		REMA AFT AMEND	INING TER		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<b>AMENDMENT</b>	Total	* t	4	Minus	**	20	=	*	X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	*	2 NOE MI	Minus	DENIC	<u> </u>	<u></u>		X39=		OR	X78=		
	TINOT FRESE	INTATIO	-	JETIFEE DE	FLINE	CIAL CEXIM			+130=		OR	+260=		
		<b>'</b>						A	TOTAL ODIT. FEE		OR:	TOTAL ADDIT. FEE		
		(Colu	mn 1)		(C	Column 2)	(Column 3)		•					
AMENDMENT B		CLA REMA AFT AMEND	INING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*		Minus	***		=		X39=		OR	X78=		
	FIRST PRESE	NIAHOR	N OF MI	JUIPLE DE	PENL	DENT CLAIM			+130=		OR	+260=		
								AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Colur		7		olumn 2)	(Column 3)				. =			
AMENDMENT C		CLAI REMAI AFT AMEND	INING ER		PF	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	105 14	Minus	***		=		X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130=								130-		ı	+260=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR OR	TOTAL			
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE														
			<b>.</b>	The indicate of the second of the openions is the highest number found in the appropriate box in within 1.										

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:								
	Total Fee Calculation								
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total	
	Sm./Lg.				Sm. Entity	Lg. Entity			
Basic Filing Fee	201/101						= 1	<u>60</u>	
Total Claims >20	203/103	19 -20 =		x			=		
Independent Claims >3	202/102			x			=		
Mult. Dep Claim Present	204/104						-		
Surcharge	205/105						=	130	
English Translation	139								
TOTAL FEE CALCULA	ATION						<	890	
Fees due upon filing t	he application:								
Total Filing Fees Due	; = \$	890					•		

BALANCE DUE

Office of Initial Patent Examination

Less Filing Fees Submitted - \$

FORM OIPE-RAM-01 (Rev. 12/97)